Tobacco Screening and Cessation Intervention Information for Providers

Indian Health Service National GPRA Program

GPRA Measure: Tobacco Cessation Intervention

► Formerly "Tobacco Use Assessment" measure; changed to "Tobacco Cessation Intervention" in FY 2006

► "During 2007, maintain the proportion of tobaccousing patients that receive tobacco cessation intervention."

FY 2006 national results (baseline year): 12%

Costs of tobacco use

► Tobacco use causes more than 440,000 deaths every year among adults in the United States.

► Tobacco use costs \$157 billion in annual health-related economic losses.

Health effects of tobacco

- Smoking cigarettes causes chronic lung and heart disease, and cancers of the lung, esophagus, larynx, mouth, and bladder.
- Smoking also contributes to cancers of the pancreas, kidney, and cervix.
- Smokeless tobacco can lead to cancers of the gum and mouth, and contributes to periodontitis and tooth loss.

Tobacco and Nonsmokers

Nonsmokers are also adversely affected by environmental tobacco smoke.

Each year, because of exposure to environmental tobacco smoke, an estimated 3,000 nonsmoking Americans die of lung cancer, and 300,000 children suffer from lower respiratory tract infections.

Tobacco and Children

- ➤ About half of people who begin smoking under the age of 18 continue to use tobacco products as adults
- ► If current tobacco use rates continue, an estimated 5 million to 6.4 million children alive today will die prematurely from a smoking-related disease.

AI/AN use of tobacco

- ➤ The 1997 National Health Interview Survey showed that 34.1% of American Indians and Alaska Natives smoked; this rate was higher than any other group.
- ▶ In 1997:
 - 37.9% of AI/AN men smoked, compared to
 - 27.4% of white men
 - 31.3% of AI/AN women smoked, compared to
 - 23.3% of white women

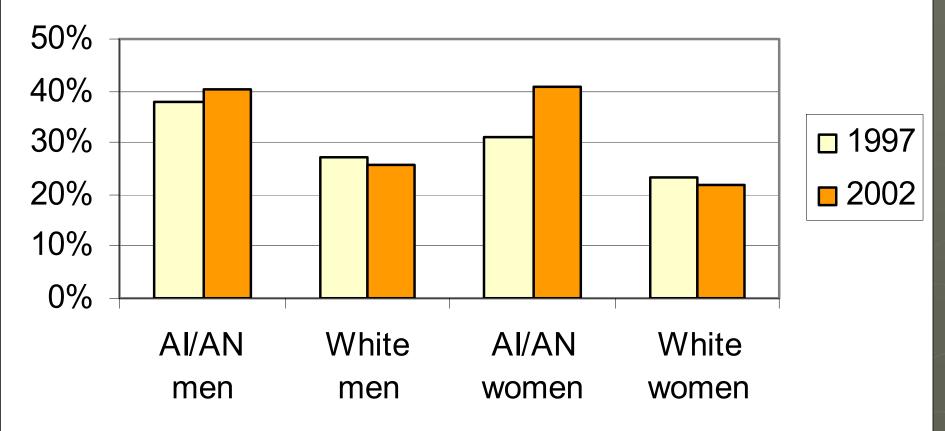
Tobacco use rates increasing

➤ The 2002 National Health Interview Survey showed that 40.8% of American Indians and Alaska Natives smoked; this rate was higher than any other group, and 6.7% greater than the 1997 AI/AN rate.

► In 2002:

- 40.5% of AI/AN men smoked, compared to
- 25.5 % of white men
- 40.9% of AI/AN women smoked, compared to
- 21.8% of white women

Tobacco Use 1997-2002



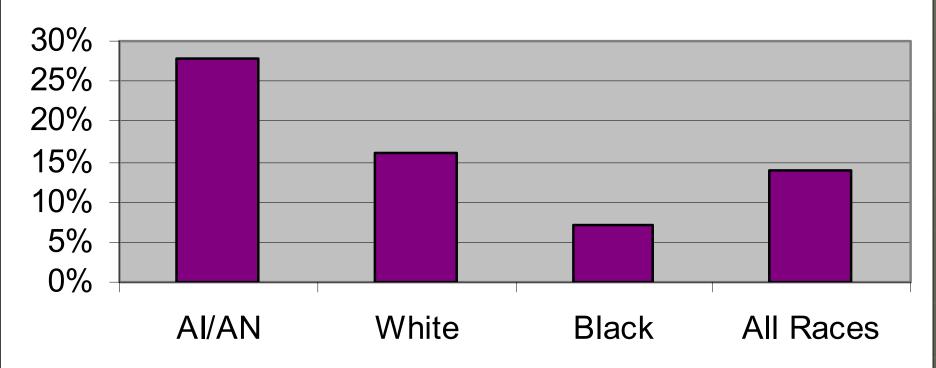
Source: National Health Interview Survey 1997, 2002 (CDC: MMWR 1999, 2004)

CDC study 1999-2001

Among youths, AI/ANs had the greatest cigarette smoking prevalence (27.9%)

► Among adults, AI/ANs had the greatest cigarette smoking prevalence (40.4%)

Prevalence of Cigarette Use Among Youths, Ages 12-17 (1999-2001)



Source: National Survey on Drug Use and Health (CDC, MMWR 2004)

Use of tobacco, cont.

- A study of 1,369 American Indians at 18 Indian health clinics in Northern California in 1991 showed that 40% of the adult population in the sample smoked cigarettes.
- The same study found that American Indians held lenient attitudes toward smoking and began smoking at an early age.
- ➤ A related study found that American Indians living in urban areas in northern California reported higher smoking rates than rural Indians.

AI/AN tobacco use, continued

American Indians and Alaska Natives have the highest rates of smokeless tobacco use among Americans.

Pipe and cigar smoking is also more common among AI/AN men than in other populations

Tobacco Use during Pregnancy

- ▶ AI women have the highest rate of smoking during pregnancy (19.9%) of all race and ethnic groups.
- Maternal smoking rates among AI women declined by 11% between 1990 and 2001.
- However, in the same period, maternal smoking rates declined by:
 - 26% among whites
 - 43% among blacks
 - 49% among Asians

Tobacco use during pregnancy

- Studies have also demonstrated that women who use tobacco during pregnancy are more likely to have spontaneous miscarriages.
- Smoking during pregnancy has also been linked to Sudden Infant Death Syndrome (SIDS) and low birth weight.

Possible link between maternal smoking and childhood obesity

- ▶ A study of American Indian women in Wisconsin found that smoking during pregnancy was correlated with higher BMI in their children at age 3 years.
- ▶ Of the 3 year olds, 22.2% were overweight and 18.7% were at risk of overweight. Of their mothers, 42.5% had smoked during pregnancy.
- Smoking at the initial prenatal visit significantly predicted overweight and risk of overweight in children at age 3.

Maternal smoking and overweight children

- Despite being smaller at birth, the children of smoking mothers had a significantly greater increase in weight-for-length score between birth and age 3 than did children of nonsmokers.
- ➤ This greater increase was due to a significantly greater increase in weight in children of smokers than in those of nonsmokers and not to a relatively slower increase in height.

Tobacco and Cancer

- Lung cancer is the leading cause of cancer death among American Indians and Alaska Natives.
- ► The rate of death from cancers of the lung, trachea, and bronchus among American Indian and Alaska Native men is 33.5 per 100,000. Among AI/AN women, the rate is 18.4 per 100,000.

Tobacco and CVD

Cardiovascular disease is the leading cause of death among American Indians and Alaska Natives, and tobacco use is an important risk factor for this disease.

Health benefits of tobacco cessation

► Tobacco users who quit enjoy longer and healthier lives, on average, than those who do not.

► Even a long-time smoker can significantly reduce their risk of heart disease and other complications by quitting.

Cost benefits of tobacco cessation

➤ Tobacco-cessation programs are more costeffective than other common prevention interventions.

Cost analyses have shown tobacco cessation programs to be either cost-saving or costneutral

Tobacco cessation intervention

- Advice from a health care provider and group and individual cessation counseling can help smokers quit.
- Smoking cessation treatments, including nicotine replacement therapy and bupropion SR (e.g. Wellbutrin) have been found to be safe and effective.

Tobacco cessation and comprehensive health care

Documenting tobacco use on a patient's medical record and offering cessation assistance are important components of <u>comprehensive</u> health care.

Documenting Tobacco Cessation Intervention in CRS

- ▶ GPRA measure counts active patients identified as current tobacco users prior to the report period who have received tobacco cessation counseling during the report period.
- ► Tobacco Cessation Counseling includes patient education.
- Documented refusal of patient education must occur within the report period.

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